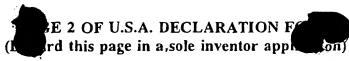
## APPLICATION FOR UNITED STATE TENT Declaration and Power of Attorney

harried inventor, I hereby declare that: post of the address and citizenship are as stated below next to my name; that I verily believe that and the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are name below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL STREAM OUND AND ORGANIC ELECTROLUMINESCENCE DEVICE described and claimed in the specification: Check one \*a. [] attached hereto. b. K | filed on 08/31/2001 as Application Serial No09/943, 578 and amended on I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed: Japanese Patent Application No. 2000-265544 filed on September 1, 2000 ø The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of Affician either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s): 2 If there are no corresponding applications, insert "NONE". I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and tostransact all business in the Patent Office: Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; and/or Stephen P. Burr, Reg. No. 32,970 ΠJ ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT T PARKHURST, WENDEL & BURR, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2895 Telephone: (703) 739-0220. I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. 3 Typewritten Full Name of **FUNAHASHI** Masakazu Sole or First Inventor Given Name Family Name Middle Initial Masakagu \*4 Inventor's Signature September 2001 18 \*5 Date of Signature Month Year Japan 6 Residence Chiba City State or Province Country Japan 7 Citizenship Post Office Address 1280, Kamiizumi, Sodegaura-shi, Chiba, Japan (Insert complete mailing address, including country)

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.



3 Typewritten Full Name of	Hiromas	2.2	ARAI
Second Joint Inventor (if any)	Given Nan		Family Name
4 Inventor's Signature	Hiroma	10/	arai
5 Date of Signature ==	September	18.	2001
	Month	Day	Year
6 Residence		Chiba	Japan
7 Citizenship	City Japan	State or Province	Country
Post Office Address (Insert complete mailin address, including coun	18	ni, Sodegaura-shi, Chiba,	Japan
Typewritten Full Name of Second Joint Inventor (if any)	Chishi Given Nam		HOSOKAWA Family Name
	Chish	_	Horokerna
Inventor's Signature			Moorecus
5 Date of Signature ====	September	18.	2001
	Month	Day	Year
Residence		Chiba	Japan
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Post Office Address (Insert complete mailing address, including coun	8	i, Sodegaura-shi, Chiba,	Japan
Typewritten Full Name of Second Joint Inventor (if any)			
Inventor's Signature	Given Name	e Middle Initial	Family Name
Date of Signature ===	Month	Day	Year
Residence			
Citizenship	City	State or Province	Country
Post Office Address (Insert complete mailing address, including count			
Typewritten Full Name of Second Joint Inventor (if any)			
·	Given Name	Middle Initial	Family Name
Inventor's Signature 🖙			
Date of Signature sr	Month	Day	Year
Residence	•	·	
Citizenship	City	City State or Province	
Post Office Address (Insert complete mailing address, including countr			

\*\*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.